

HUMAN RESOURCE REQUEST FOR COUNTY EMERGENCY OPERATIONS CENTER (CEOC)

Section: (check one)	U] •	Planning	Logistics	Finance/ Administration	ÚŲ	Oo@i
Assignment:						
Reporting To:						
Requested Start Date and Time:						
Projected Assignment Duration:						
Location of Assignment:						
Description of Role:						
Knowledge, Skills and Abilities Required:						

If you have a specific person in mind to support the CEOC, please provide the information below:			
Full Name:	Last	First	MI
Employee Number (optional):			
Department:			
Title:			
Current Supervisor:			
Background of Request:			
Have you discussed the role with the employee, prior to this official request?			
Has there been a discussion with the employee's department and any agreements made, or concerns shared, about providing the employee to the CEOC?			

For Office Use Only:				
Approved by		Date		Date Received by DHR
Employee Name:	Last		First	MI
Employee Number:				
Department:				
Date Filled:				
Notes / Special Restrictions:				